

Form TT-13

Commonwealth of Virginia
Monthly Report of Cigarette Stamping Agent
For Periods Beginning On or After October 1, 2004

This report must be filed with the Department of Taxation between the first and tenth day of each month covering all unstamped cigarettes, including cigarettes imported into the United States, received during the preceding month. Also attach information on cigarettes imported into the United States as required by § 58.1-1034 of the Code of Virginia. A copy of this report should be retained for your records.

Name	Permit Number	Mail To: Department of Taxation P. O. Box 715 Richmond, VA 23218-0715
Trading As		
Number And Street		
City or Town, State, ZIP Code		

Month of _____ , _____

	Packages of 20's	Packages of 25's
1. Tax value of all unstamped cigarettes on hand first day of month	\$	\$
2. Tax value of all unstamped cigarettes received during month (From Schedule A)	\$	\$
3. Total of Lines 1 and 2	\$	\$
4. Tax value of unstamped cigarettes sold during month (From Schedule C)	\$	\$
5. Tax value of unstamped cigarettes on hand last day of month	\$	\$
6. Total of Lines 4 and 5	\$	\$
7. Total tax value of cigarettes stampable during month (Line 3 minus Line 6)	\$	\$
8. Gross tax value of Virginia cigarette revenue stamps on hand (unaffixed) first day of month	\$	\$
9. Gross tax value of Virginia cigarette revenue stamps received during month (From Schedule B)	\$	\$
10. Total of Lines 8 and 9	\$	\$
11. Less gross tax value of Virginia cigarette revenue stamps on hand (unaffixed) last day of month	\$	\$
12. Total tax value of Virginia cigarette revenue stamps used during month (Line 10 minus Line 11)	\$	\$
13. Difference between Lines 7 and 12 - (Provide an explanation for the difference)	\$	\$

By _____
 Signature and Title

_____ Date

_____ Telephone

_____ Name Printed

_____ Email Address

If the qualified stamping agent is a corporation, an officer of the corporation authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if a sole proprietorship, the proprietor must sign. For assistance contact: **Virginia Department of Taxation, P. O. Box 715, Richmond, VA 23218-0715 or call (804) 786-3503 or visit our web site at www.tax.virginia.gov.**

(Rev 10/04)

Unstamped Cigarettes Received During Month
(Include Cigarettes Imported From Outside the United States)

Invoice Date	Invoice Number	Date Rec'd	From Whom Purchased and Received	Tax Value Packages of 20's		Tax Value Packages of 25's		Invoice Date	Invoice Number	Date Rec'd	From Whom Purchased and Received	Tax Value Packages of 20's		Tax Value Packages of 25's	
				\$		\$		Brought Forward				\$		\$	
Total (Carry Forward)				\$		\$		Total tax value of unstamped cigarettes received during month (Enter on Line 2, Page 1)				\$		\$	

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Schedule B Virginia Cigarette Revenue Stamps Received During Month			
Date Received	Statement Number (From Form TT-3)	Gross Tax Value of Each Order (From Line 5, Form TT-3)	
Total gross tax value of stamps received during month (Enter on Line 9, Page 1)		\$	

Schedule C Unstamped Cigarettes Sold During Month <small>(As authorized under Section 58.1-1010 of the Virginia Cigarette Tax Act) (Include Cigarettes Imported From Outside the United States)</small>							
Invoice Date	Invoice Number	Sold To	Address	Tax Value Packages of 20's		Tax Value Packages of 25's	
				\$		\$	
Total tax value of unstamped cigarettes sold during month as authorized under Section 58.1-1010 of the Virginia Cigarette Tax Act (Enter on Line 4, Page 1)				\$			

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Schedule D
Stamping Agent's Monthly Report of Virginia Stamped Cigarettes
By Non-Participating Manufacturer's Brand Family

Mail To:
Department of Taxation
P. O. Box 715
Richmond, VA 23218-0715

- List all cigarettes stamped with a Virginia tax stamp for the report month.
- This form should be used for **Non-Participating Manufacturers (NPM)**.

Page ____ of ____

Reporting Month / Year: _____ Your Permit Number: _____

Your Business Name: _____

(A)	(B)	(C)		(D)	(E)	(F)
Brand Family/Name	Number of Packs Stamped	Pack Size		Manufacturer (Name And Address)	From Whom Brand Was Purchased (Name And Address)	First Importer Of Foreign Manufactured Product (Name And Address)
		20	25			
Total Packs						

Under penalty of perjury, I hereby declare that this report is true and correct.

Signature and Title_____
Date_____
Name Printed

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Schedule E**Stamping Agent's Monthly Report of Virginia Stamped Cigarettes
By Participating Manufacturer's Brand Family**Mail To:
**Department of Taxation
P. O. Box 715
Richmond, VA 23218-0715**

- List all cigarettes stamped with a Virginia tax stamp for the report month.
- This form should be used for **Participating Manufacturers (PM)**.

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Reporting Month / Year: _____ Your Permit Number: _____

Your Business Name: _____

(A)	(B)	(C)		(D)	(E)	(F)
Brand Family/Name	Number of Packs Stamped	Pack Size		Manufacturer (Name And Address)	From Whom Brand Was Purchased (Name And Address)	First Importer Of Foreign Manufactured Product (Name And Address)
		20	25			
Total Packs						

Under penalty of perjury, I hereby declare that this report is true and correct.

Signature and Title_____
Date_____
Name Printed